



**Cleary Deaf Child Center, Inc.**  
 d/b/a Cleary School for the Deaf  
**APPLICATION FOR EMPLOYMENT**

If you need assistance to complete this form, please contact the Director of Business Operations or the Superintendent

*Cleary Deaf Child Center, Inc is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, domestic partnership, race, color, creed, religion, ethnicity, national origin, alienage or citizenship status, disability, marital status, veteran status, military status, domestic violence victim status, genetic information or any other legal recognized protected basis under federal, state, or local laws, regulations or ordinances. Cleary Deaf Child Center, Inc also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions without imposing a hardship on the Company, as required by federal, state or local law. Cleary Deaf Child Center, Inc also is committed to accommodating religious beliefs.*

Position applying For: \_\_\_\_\_  Full Time  Part Time  Temporary

If Part Time, state days and hours available: \_\_\_\_\_

Date Available: \_\_\_\_\_

**PERSONAL DATA**

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (E.G., H-1B VISA STATUS)?  YES  NO

HAVE YOU PREVIOUSLY APPLIED AT OR WORKED FOR [COMPANY] OR AFFILIATE?  YES  NO

If YES, GIVE DATE: \_\_\_\_\_

ARE YOU UNDER 18 YEARS OF AGE?  YES  NO  
 IF YES, DO YOU HAVE WORKING PAPERS?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF, HAVE PLED GUILTY, OR NO CONTEST TO A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? (Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment.)  YES  NO

If "YES," so that we can evaluate the job relatedness of the offense(s), please describe fully the criminal conviction(s), listing the nature and date of the offense(s) and your rehabilitation since the conviction(s).

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**EDUCATION**

EDUCATIONAL BACKGROUND	NAME OF SCHOOL AND LOCATION	INDICATE OR CIRCLE HIGHEST GRADE/LEVEL COMPLETED	INDICATE DEGREE EXPECTED/ ATTAINED (IF ANY)	MAJOR COURSE OF STUDY
HIGH SCHOOL		9 10 11 12/GED		
COLLEGE		1 2 3 4		
TECHNICAL, VOCATIONAL, BUSINESS, GRADUATE SCHOOL OR MILITARY TRAINING				
OTHER EDUCATION				

**ADDITIONAL INFORMATION**

LIST SKILLS, EXPERIENCE, OR ACTIVITIES WHICH WILL HELP YOU PERFORM THE JOB FOR WHICH YOU ARE APPLYING (PLEASE DO NOT PROVIDE ANY INFORMATION THAT WOULD DIRECTLY OR INDIRECTLY INDICATE YOUR SEX, RACE, COLOR, RELIGION, AGE, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.) \_\_\_\_\_

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**PROFESSIONAL REFERENCES**

Please furnish three professional references (other than relatives) whom we may contact:

NAME                                      ADDRESS                                      TELEPHONE NUMBER                                      OCCUPATION                                      TYPE OF ACQUAINTANCE

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## EMPLOYMENT HISTORY

LIST BELOW YOUR WORK EXPERIENCE FOR THE LAST 10 YEARS. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER AND THEN CONTINUE LISTING IN CHRONOLOGICAL ORDER ALL EMPLOYMENT HELD FOR THE LAST 10 (TEN) YEARS. ASK FOR ADDITIONAL SHEETS IF NECESSARY. BE SURE TO COMPLETE ALL SIX (6) QUESTIONS FOR EACH JOB. RESUMES MAY NOT BE SUBSTITUTED IN LIEU OF COMPLETING THE BELOW INFORMATION REQUESTS.

NAME OF PRESENT OR LAST EMPLOYER (COMPANY NAME)		ADDRESS	PHONE NUMBER
DATES OF EMPLOYMENT _____ - _____	SUPERVISOR'S NAME	REASON FOR LEAVING	
LAST POSITION HELD	DESCRIBE YOUR DUTIES		

PREVIOUS EMPLOYER (COMPANY NAME)		ADDRESS	PHONE NUMBER
DATES OF EMPLOYMENT _____ - _____	SUPERVISOR'S NAME	REASON FOR LEAVING	
LAST POSITION HELD	DESCRIBE YOUR DUTIES		

PREVIOUS EMPLOYER (COMPANY NAME)		ADDRESS	PHONE NUMBER
DATES OF EMPLOYMENT _____ - _____	SUPERVISOR'S NAME	REASON FOR LEAVING	
LAST POSITION HELD	DESCRIBE YOUR DUTIES		

Is there any reason why we may not contact your present or prior employers?  YES  NO

If YES, please explain:

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Is additional information relative to a change of name, use of an assumed name or nickname necessary to enable a check on your work record? If YES, please explain:

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**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

\_\_\_\_\_ Initials

I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.

\_\_\_\_\_ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I understand I am required to complete and sign all required Company documentation, such as I-9 forms, tax forms, warning forms, performance appraisal forms, etc. Failure to do so may result in immediate termination.

\_\_\_\_\_ Initials

**I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.**

\_\_\_\_\_ Initials

**I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Superintendent or his/her authorized representative.**

\_\_\_\_\_ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

\_\_\_\_\_ Initials

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

\_\_\_\_\_ Initials

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

**COMPANY USE ONLY**

Interview #1 Signature _____	Date _____
Interview #2 Signature _____	Date _____